AMENDMENT TRANSMITTAL LETTER						Docket No. SLII-P01-001	
Application No.		Filing Date		Examiner			Art Unit
10/510,876		June 20, 2005		R. M. Deberr		у	1647
Applicant(s): Pow	ver et al.						
	F OSTEOPRO TIC DISEASE	TEGERIN FO	R THE TREA	TMEN	T AND/OR PE	REVENTI	ON OF
	TC	THE COMMI	SSIONER FO	OR PAT	TENTS		
Transmitted herewith is an amendment in the above-identified application.							
The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate		
Total Claims Independent	19	- 31 =	0	Х	52.00		0.00
Claims	1	- 3 =	0	Х	220.00		0.00
Multiple Dependent Claims (check if applicable)							
Other fee (please specify):							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							0.00
x Large Entity					Small Entity		
x No additiona		d for this ame	ndment.				
Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed.							
A check in the amount of \$ to cover the filing fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
The Director is hereby authorized to charge and credit Deposit Account No18-1945 as described below. A duplicate copy of this sheet is enclosed.							
x Credit a	ny overpaymer	nt.					
X Charge a	any additional fil	ing or applicatio	on processing	fees rec	quired under 3	7 CFR 1.1	16 and 1.17.
/Jesse A. Fecke					Dated:	January 1	3, 2009
Jesse A. Fecke Attorney/Agent		883					
ROPES & GRA One Internation Boston, Massac	Y LLP nal Place						
(617) 9 ⁵ 1-7633							